

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17



Washington State Patrol
Commercial Vehicle Enforcement Section
PO BOX 42614
Olympia, WA 98504-2614
360-596-3815 safetynet@wsp.wa.gov

Report Number: WAU013000161
Inspection Date: 08/09/2022
Start: 02:01 PM PT End: 2:21:44 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

TETRIS MOVING COMPANY LLC
4630 16TH ST E UNIT B-5
FIFE, WA 98424
USDOT#: 02993299 Phone#: (206)475-5881
MC/MX#: Fax#: State#:

Driver: License#: State:
Date of Birth: CoDriver: License#: State:
Date of Birth: Shipper: NONE

Location: 18612 72ND AVE. SOUTH KENT MilePost: Origin: KENT, WA Bill of Lading: NONE
Highway: Destination: KENT, WA Cargo: EMPTY
County: KING, WA

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GWWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	2011	WA	C34294N	2	1HTMMAAM8BH283588	25,999			

BRAKE ADJUSTMENTS

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

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: MISSING UTC PERMIT NUMBER ON BOTH RIGHT AND LEFT SIDE OF VEHICLE.
392.2IN	392.2	1	N		N	N	State Insurance Violation: INSURANCE PRESENTED WAS EXPIRED 3/14/2022
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp: 1 OF 3 REAR AND FRONT UPPER ID LAMPS INOPERATIVE.
393.78	393.78	1	N		N	N	Windshield wipers inoperative/defective: NO WIPER FLUID AND/OR DISPENSER INOPERATIVE AT THE TIME OF INSPECTION.
396.3A1	396.3(a)(1)	1	N		N	N	Inspection, repair and maintenance of parts & accessories: DRIVELINE WITH VERTICLE MOVEMENT OF THE SHAFT IN THE CENTER BEARING - DOES NOT EXCEED 1/2 INCH.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

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

Report Prepared By:
TRACY COFFLE

Badge #:
WAX825

Copy Received By:

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Start: 02:23 PM PT End: 2:48:44 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

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FIFE, WA 98424

USDOT#: 02993299 Phone#: (206)475-5881
MC/MX#: Fax#: State#:

Driver: License#: State:
Date of Birth: CoDriver: License#: State:
Date of Birth: Shipper: NONE

Location: 18612 72ND AVE. SOUTH KENT MilePost: Origin: KENT, WA Bill of Lading: NONE
Highway: County: KING, WA Destination: KENT, WA Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	GMC	2004	WA	C90235J	3	1GDJ7C1C14F901757	25,999			00248

BRAKE ADJUSTMENTS

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

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
390.21A	390.21(a)	1	N		N	N	Not marked in accordance with regulations: MISSING THE UTC PERMIT NUMBER ON BOTH RIGHT AND LEFT SIDE OF VEHICLE.
392.2IN	392.2	1	N		N	N	State Insurance Violation: INSURANCE PRESENTED EXPIRED 3/14/2022
392.2RG	392.2	1	N		N	N	State vehicle registration or License Plate violation: REGISTRATION PRESENTED EXPIRED 6/19/2022
393.78	393.78	1	N		N	N	Windshield wipers inoperative/defective: NO WIPER FLUID OR WIPER DISPENSER INOPERATIVE AT THE TIME OF INSPECTION.
393.9	393.9(a)	1	N		N	N	Inoperable Required Lamp: 2 OF 3 UPPER REAR ID LAMPS INOPERATIVE AND 1 OUTER CLEARANCE LAMP INOPERATIVE.
393.41	393.41	1	Y		U	N	No or defective parking brake system on CMV: PARKING BREAK WILL NOT HOLD - INOPERATIVE AT THE TIME OF INSPECTION.
393.81	393.81	1	N		N	N	Horn inoperative: HORN INOPERATIVE AT THE TIME OF INSPECTION.

HazMat: No HM Transported. Placard: No Cargo Tank:

Special Checks: No Data for Special Checks.

Report Prepared By:
TRACY OSBILLE

Badge #:
WAX825

Copy Received By:

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Edward J. Ruff



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Highway:

County: KING, WA

MilePost:
Origin: KENT, WA
Destination: KENT, WA

Shipper: NONE
Bill of Lading: NONE
Cargo: EMPTY

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

Violations marked as out of service (OOS) must be repaired before vehicle (s) can be operated. If OOS for brake adjustment, all brakes must be within proper adjustment before vehicle (s) can be operated.

I certify that repairs were made.

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

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to insure compliance with all applicable Federal and State regulations.

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

Report Prepared By:
TRACY COBLE

X _____

Badge #:
WAX825

Copy Received By:

X _____

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Edward J. [Signature]



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