

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: WAU005000761
Inspection Date: 05/25/2022
Start: 02:13 PM PT **End:** 2:48:35 PM PT
Inspection Level: V - Terminal
HM Inspection Type: None

JFS TRANSPORT INC
PO BOX 135
SUQUAMISH, WA 98392
USDOT#: 02081148
MC/MX#:
State#:

Phone#: (253)961-4163
Fax#:

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

Location: 3621 HUNT ST GIG HARBOR
Highway:
County: PIERCE, WA

MilePost:
Origin:
Destination:

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FRHT	2005	WA	C88683B		1FVACWDC25HN63194	26,000			

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/8	1
Left	1 1/4	1 5/8
Chamber	C-20	C-30

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: Extinguisher unsecured
393.95B	393.95(b)	1	N		N	N	No spare fuses as required
393.95F	393.95(f)	1	N		N	N	No / insufficient warning devices
396.17C	396.17(c)	1	N		N	N	Operating a CMV without proof of a periodic inspection
393.78	393.78	1	N		N	N	Windshield wipers inoperative/defective: Fluid empty

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 ensure compliance with applicable Federal and State regulations.

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

Report Prepared By:
F. GAGNE

Badge #:
WAU583

Copy Received By:

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X _____

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