

DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol  
UTC  
PO Box 42614  
Olympia, WA 98504-2614  
Phone: (360) 596-3815  
Email/Web: www.wsp.wa.gov

Report Number: WAX825000040  
Inspection Date: 08/14/2024  
Start: 09:42 AM PDT End: 10:08 AM PDT  
Inspection Level: V  
HM Inspection Type: None

JOHN FRANK LLC  
12553 4TH AVE NW  
SEATTLE, WA, 98177-4414  
USDOT#: 3936984  
MC/MX#:  
State#:  
Phone#: 2064584540  
Fax#:

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

Location: LYNNWOOD WA  
MilePost:  
Highway: 15331 Hwy 99 Hwy 99  
County: SNOHOMISH  
Shipper: NONE  
Bill of Lading: NONE  
Origin: LYNNWOOD, WA, US  
Destination: LYNNWOOD, WA, US  
Cargo: Empty

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	Mileage	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	2008	WA	D77164E	5	1HTMNAAL88H579725	26,000			34344706	

BRAKE MEASUREMENTS

Steer Axle	Yes	No
Chamber	CLAMP - 20-D	Long Stroke Clamp - 30- F
Right	1 3/4	2
Axle	1	2
Left	1 3/4	2

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER

Vio Code	Section	Unit	OOS	Citation #	Verify	Violations Discovered
390.21TB2-DOT	390.21T(b)(2)	C	N		N	Operate a CMV without USDOT number displayed. Must be preceded by the letters "USDOT": NO UTC PERMIT NUMBER DISPLAYED ON THE LEFT SIDE OF TRUCK AND NO CARRIER NAME, USDOT NUMBER OR UTC PERMIT NUMBER DISPLAYED ON RIGHT SIDE OF TRUCK.

Special Checks:

No Data for Special Checks.

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. [49 CFR 396.9(d)(1)]

NOTE TO MOTOR CARRIERS: --- TRUCKERS AGAINST TRAFFICKING --- If you suspect human trafficking, please contact 9-1-1 and call the National Human Trafficking Hotline at 1-888-373-7888. Make the call, save lives! Go to <https://truckersagainstrafficking.org/> to learn more.

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. WITHIN FIFTEEN (15) DAYS FOLLOWING THE DATE OF INSPECTION, THE MOTOR CARRIER OR INTERMODAL EQUIPMENT PROVIDER SHALL: (1) CERTIFY THAT ALL VIOLATIONS NOTED HAVE BEEN CORRECTED BY COMPLETING THE "SIGNATURE OF CARRIER/INTERMODAL EQUIPMENT PROVIDER OFFICIAL, TITLE, AND DATE SIGNED" PORTION OF THE FORM; AND (2) RETAIN A COPY AT THE MOTOR CARRIER'S PRINCIPAL PLACE OF BUSINESS, OR WHERE THE VEHICLE IS HOUSED FOR 12 MONTHS FROM THE DATE OF THE INSPECTION. FOR QUESTIONS OR TO DISPUTE INFORMATION REGARDING THIS INSPECTION PLEASE USE THE FOLLOWING WEBSITE: [HTTPS://DATAQS.FMCSA.DOT.GOV](https://DATAQS.FMCSA.DOT.GOV)

Signature Of Motor Carrier Official X: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
T. Coble

Badge #:  
X825

Copy Received By:

Page 1 of 1

X \_\_\_\_\_

X \_\_\_\_\_



3936984 WA WAX825000040

DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol  
UTC  
PO Box 42614  
Olympia, WA 98504-2614  
Phone: (360) 596-3815  
Email/Web: www.wsp.wa.gov

Report Number: WAX825000039  
Inspection Date: 08/14/2024  
Start: 09:09 AM PDT End: 09:34 AM PDT  
Inspection Level: V  
HM Inspection Type: None

JOHN FRANK LLC  
12553 4TH AVE NW  
SEATTLE, WA, 98177-4414  
USDOT#: 3936984  
MC/MX#:  
State#:  
Phone#: 2064584540  
Fax#:

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

Location: North Lynnwood WA  
MilePost:  
Highway: 15331 Hwy 99 Hwy 99  
County: Snohomish County  
Shipper: NONE  
Bill of Lading: NONE  
Origin: LYNNWOOD, WA, US  
Destination: LYNNWOOD, WA, US  
Cargo: Empty

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	Mileage	CVSA #	CVSA Issued #	OOS Sticker
1	TR	ISU	2016	WA	D13445D	4	JALE5W166G7303975	19,500			34344705	

BRAKE MEASUREMENTS

Steer Axle	Yes	No
Chamber	Disc	Disc
Right	N/A	N/A
Axle	1	2
Left	N/A	N/A

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER

Vio Code	Section	Unit	OOS	Citation #	Verify	Violations Discovered
390.21TB2-DOT	✓ 390.21T(b)(2)	C	N		U	Operate a CMV without USDOT number displayed. Must be preceded by the letters "USDOT": NO UTC PERMIT NUMBER DISPLAYED ON LEFTIDE OF TRUCK, NOT USDOT NUMBER, CARRIER NAME OR UTC NUMBER DISPLAYED ON RIGHT SIDE OF TRUCK.

Special Checks:

No Data for Special Checks.

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. [49 CFR 396.9(d)(1)]  
NOTE TO MOTOR CARRIERS: --- TRUCKERS AGAINST TRAFFICKING --- If you suspect human trafficking, please contact 9-1-1 and call the National Human Trafficking Hotline at 1-888-373-7888. Make the call, save lives! Go to <https://truckersagainsttrafficking.org/> to learn more.

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. WITHIN FIFTEEN (15) DAYS FOLLOWING THE DATE OF INSPECTION, THE MOTOR CARRIER OR INTERMODAL EQUIPMENT PROVIDER SHALL: (1) CERTIFY THAT ALL VIOLATIONS NOTED HAVE BEEN CORRECTED BY COMPLETING THE "SIGNATURE OF CARRIER/INTERMODAL EQUIPMENT PROVIDER OFFICIAL, TITLE, AND DATE SIGNED" PORTION OF THE FORM;AND (2) RETAIN A COPY AT THE MOTOR CARRIER'S PRINCIPAL PLACE OF BUSINESS, OR WHERE THE VEHICLE IS HOUSED FOR 12 MONTHS FROM THE DATE OF THE INSPECTION. FOR QUESTIONS OR TO DISPUTE INFORMATION REGARDING THIS INSPECTION PLEASE USE THE FOLLOWING WEBSITE: [HTTPS://DATAQS.FMCSA.DOT.GOV](https://DATAQS.FMCSA.DOT.GOV)

Signature Of Motor Carrier Official X: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
T. Cobile

Badge #:  
X825

Copy Received By:

Page 1 of 1



3936984 WA WAX825000039

X \_\_\_\_\_ X \_\_\_\_\_

**DRIVER/VEHICLE EXAMINATION REPORT**



Washington State Patrol  
UTC  
PO Box 42614  
Olympia, WA 98504-2614  
Phone: (360) 596-3815  
Email/Web: www.wsp.wa.gov

Report Number: WAX825000041  
Inspection Date: 08/14/2024  
Start: 10:50 AM PDT End: 11:20 AM PDT  
Inspection Level: V  
HM Inspection Type: None

JOHN FRANK LLC  
12553 4TH AVE NW  
SEATTLE, WA, 98177-4414  
USDOT#: 3936984  
MC/MX#:  
State#:  
Phone#: 2064584540  
Fax#:

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

Location: SEATTLE WA  
MilePost:  
Highway: 12553 4th Avenue NW 4th Avenue NW  
County: SNOHOMISH  
Shipper: None  
Bill of Lading: NONE  
Origin: SEATTLE, WA, US  
Destination: SEATTLE, WA, US  
Cargo: Empty

**VEHICLE IDENTIFICATION**

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	Mileage	CVSA #	CVSA Issued #	OOS Sticker
1	TR	FORD	2011	WA	D40048A		1FDWE3FL3BDA79637	12,500				020958

**BRAKE MEASUREMENTS**

Steer Axle	Chamber	Right	Axle	Left
Yes	Disc	N/A	1	N/A
No	Disc	N/A	2	N/A

**VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER**

Vio Code	Section	Unit	OOS	Citation #	Verify	Violations Discovered
390.21TB2-DOT	✓ 390.21T(b)(2)	C	N		N	Operate a CMV without USDOT number displayed. Must be preceded by the letters "USDOT": <i>NO UTC PERMIT NUMBER ON LEFT SIDE OF TRUCK, NO CARRIER NAME, USDOT NUMBER OR UTC PERMIT NUMBER ON THE RIGHT SIDE OF THE TRUCK AS REQUIRED.</i>
393.205C-WRAWFLMIB	✓ 393.205(c)	1	N		N	Wheel/Rim - Any wheel fasteners loose/missing/ineffective/broken. : <i>RIGHT SIDE OUTER TIRE 1 OF 8 WHEEL FASTNERS LOOSE</i>
393.41-BNPB	✓ 393.41	1	Y		N	<b>Brake - Inoperative or missing parking brake on power unit:</b> <i>PARKING BREAK INOPERATIVE - TESTED TWICE WILL NOT HOLD WITH PARKING BREAK SET AND FOOT OFF THE BRAKE.</i>
393.9A-LIL	✓ 393.9(a)	1	N		U	Lighting - Identification lamp(s) inoperative: <i>REAR UPPER CENTER 1 OF 3 ID LAMPS INOPERATIVE AT THE TIME OF INSPECTION.</i>

**Special Checks:**

No Data for Special Checks.

VIOLATIONS MARKED AS OUT OF SERVICE (OOS) MUST BE REPAIRED BEFORE VEHICLE/S CAN BE OPERATED. IF OOS FOR BRAKES ADJUSTMENT, ALL BRAKES MUST BE WITHIN PROPER ADJUSTMENT LIMITS BEFORE VEHICLE/S CAN BE OPERATED.

REPAIRED \_\_\_\_\_ I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
T. Coble

Badge #:  
X825

Copy Received By:

Page 1 of 2



3936984 WA WAX825000041

X \_\_\_\_\_ X \_\_\_\_\_

DRIVER/VEHICLE EXAMINATION REPORT



Washington State Patrol  
UTC  
PO Box 42614  
Olympia, WA 98504-2614  
Phone: (360) 596-3815  
Email/Web: www.wsp.wa.gov

Report Number: WAX825000042  
Inspection Date: 08/14/2024  
Start: 11:25 AM PDT End: 11:39 AM PDT  
Inspection Level: V  
HM Inspection Type: None

JOHN FRANK LLC 12553 4TH AVE NW SEATTLE, WA, 98177-4414 USDOT#: 3936984 MC/MX#: State#: Phone#: 2064584540 Fax#:	Driver: License# State# Date of Birth#  CoDriver: License# State# Date of Birth#	Location: Seattle WA MilePost: Highway: 12500-12698 4th Avenue Northwest County: King County Shipper: None Bill of Lading: NONE Origin: SEATTLE, WA, US Destination: SEATTLE, WA, US Cargo: Empty
---	--	---

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	Mileage	CVSA #	CVSA Issued #	OOS Sticker
1	TR	ISU	2014	WA	D44284C	3	JALE5W16XE7300607	19,500			34344707	

BRAKE MEASUREMENTS

Steer Axle	Yes	No
Chamber	Disc	Disc
Right	N/A	N/A
Axle	1	2
Left	N/A	N/A

VIOLATIONS ATTRIBUTABLE TO THE MOTOR CARRIER

Vio Code	Section	Unit	OOS	Citation #	Verify	Violations Discovered
390.21TB2-DOT	390.21T(b)(2)	C	N		N	Operate a CMV without USDOT number displayed. Must be preceded by the letters "USDOT": NO UTC PERMIT NUMBER DISPLAYED ON LEFT SIDE OF TRUCK, NO USDOT NUMBER, CARRIER NAME OR UTC PERMIT NUMBER DISPLAYED ON THE RIGHT SIDE OF THE TRUCK AS REQUIRED.

Special Checks:

No Data for Special Checks.

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears at the top of this report. [49 CFR 396.9(d)(1)]  
NOTE TO MOTOR CARRIERS: --- TRUCKERS AGAINST TRAFFICKING --- If you suspect human trafficking, please contact 9-1-1 and call the National Human Trafficking Hotline at 1-888-373-7888. Make the call, save lives! Go to <https://truckersagainstrafficking.org/> to learn more.

THE UNDERSIGNED CERTIFIES THAT ALL VIOLATIONS NOTED ON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. WITHIN FIFTEEN (15) DAYS FOLLOWING THE DATE OF INSPECTION, THE MOTOR CARRIER OR INTERMODAL EQUIPMENT PROVIDER SHALL: (1) CERTIFY THAT ALL VIOLATIONS NOTED HAVE BEEN CORRECTED BY COMPLETING THE "SIGNATURE OF CARRIER/INTERMODAL EQUIPMENT PROVIDER OFFICIAL, TITLE, AND DATE SIGNED" PORTION OF THE FORM; AND (2) RETAIN A COPY AT THE MOTOR CARRIER'S PRINCIPAL PLACE OF BUSINESS, OR WHERE THE VEHICLE IS HOUSED FOR 12 MONTHS FROM THE DATE OF THE INSPECTION. FOR QUESTIONS OR TO DISPUTE INFORMATION REGARDING THIS INSPECTION PLEASE USE THE FOLLOWING WEBSITE: [HTTPS://DATAQS.FMCSA.DOT.GOV](https://DATAQS.FMCSA.DOT.GOV)

Signature Of Motor Carrier Official X: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By:  
T. Coble

Badge #:  
X825

Copy Received By:

Page 1 of 1



3936984 WA WAX825000042

X \_\_\_\_\_ X \_\_\_\_\_