

**DRIVER/VEHICLE EXAMINATION REPORT**

Washington State Patrol  
Commercial Vehicle Division  
P.O. Box 42614  
Olympia, WA 98504-2614  
Phone #: (360)596-3815 Fax #:

Report Number: WAU008000319  
Inspection Date: 3/20/2018 Certification Date:  
Time Started: 15:24 Time Ended: 15:37  
Inspection Level: I - Full Inspection  
HM Inspection Type: No HM Inspection

HAROLD LEMAY ENTERPRISES INC  
4111 192ND ST E  
TACOMA, WA 98446  
USDOT #: 00545444 Phone #: (253)539-0060  
MC/MX #: 159255 Fax #:  
State #:

Driver: MOLINEK, NATHAN  
License #: MOLINNE222C8 State: WA  
Date of Birth: 2/28/1978

Location: 192ND ST E, TACOMA  
Highway:  
County: PIERCE  
Shipper:

MilePost:  
Origin: TACOMA, WA  
Destination: LAKEWOOD, WA

Bill of Lading:  
Cargo: EMPTY

**VEHICLE IDENTIFICATION:**

Unit	Type	Make	Year	State	License#	Equipment ID	Unit VIN	GVWR	CVSA #	CVSA Issued #	OOS Stkr.#
1	TR	PTRB	2003	WA	A69872R	3571	1NPZLZ9X13D714289	53,000			00054

**BRAKE ADJUSTMENTS:**

Axle #	1	2	3
Right	1 1/2	1 1/2	1 3/4
Left	1 1/2	1 1/2	1 3/4
Chamber	C-24	C-30	C-30

**VIOLATIONS :**

Vio Code	Section	Unit	OOS	State Citation Number	Verify*	Crash	Violation Description
393.9	393.9(a)	1	Y		U	N	Inoperable Required Lamp: No Brake Lights

\* U - Unknown

**HazMat:**

No HM Transported.

Placard: NA Cargo Tank:

**Special Checks:**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Alcohol/Controlled Substance Check | <input type="checkbox"/> Traffic Enforcement       | <input type="checkbox"/> Post Crash Inspection |
| <input type="checkbox"/> Conducted by Local Jurisdiction               | <input type="checkbox"/> PASA Conducted Inspection | <input type="checkbox"/> PBBT Inspection       |
| <input type="checkbox"/> Size and Weight Enforcement                   | <input type="checkbox"/> Drug Interdiction Search  | Arrests:                                       |
| <input type="checkbox"/> EScreening                                    |  |  |

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.

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

Signature of Carrier Official:  X  Date: \_\_\_\_\_

I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE REPAIRED

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

Report Prepared By:  
S YOEMANS

Badge #:  
WAU586

Copy Received By:  
MOLINEK, NATHAN



WAU008000319

X \_\_\_\_\_

X \_\_\_\_\_