

K. M. H. LIMOUSINE (25-PASS)

Washington State Patrol
P.O. Box 42614
Olympia, WA. 98504-2614
Phone: (360) 753-0321
Fax: (360) 753-0206

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: WAU001000106
Inspection Date: 08/27/2007
Start Time: 02:00 PM End Time: 02:30 PM
Insp. Level: 5-Terminal, No HM Insp.

KENNETH M HUSEBY
4045 SOUTH 170TH STREET
SEATAC, WA 98188

USDOT#: Phone#: (206)244-2506
MC/MX#: Fax#: (206)244-7407
State#:

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

Location: 4045 SOUTH 170TH STREET
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	LM	FORD	2001	WA	KMH4	4	1FMNU40S61EB23918			09898

BRAKE ADJUSTMENTS

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

VIOLATIONS

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.95(a)	F	1	N		N	N	No/discharged/unsecured fire extinguisher. Fire extinguisher not mounted.
393.205(c)	F	1	Y		U	N	Wheel fasteners loose and/or missing. 2 of 8 wheel fasteners missing on steering axle rightside.

HazMat: No HM Transported.

Placard: No Cargo Tank:

Special Checks: Local Enforcement

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 LIMITS BEFORE VEHICLES CAN BE OPERATED.

I CERTIFY THAT ALL MECHANICAL VIOLATIONS WERE REPAIRED.

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 ASSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL AND STATE REGULATIONS. SIGN AND RETURN THIS ENTIRE REPORT WITHIN FIFTEEN (15) DAYS TO ABOVE ADDRESS.

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

Report Prepared By:

Badge #:

Copy Received By:

Page 1 of 1

Maecomber, L

J526

Leon Maecomber

Kenneth M Huseby



WAU001000106

K.M.H. Limousine (25-4155)

Washington State Patrol
P.O. Box 42614
Olympia, WA. 98504-2614
Phone: (360) 753-0321
Fax: (360) 753-0206

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: WAU001000107
Inspection Date: 08/27/2007
Start Time: 03:20 PM End Time: 03:30 PM
Insp. Level: 5-Terminal, No HM Insp.

KENNETH M HUSEBY
4045 SOUTH 170TH STREET
SEATAC, WA 98188

USDOT#: Phone#: (206)244-2506
MC/MX#: Fax#: (206)244-7407
State#:

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

Location: 4045 SOUTH 170TH STREET
Highway:
County: KING, WA

MilePost:
Origin:
Destination:

Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	LM	FORD	2001	WA	KMH4	4	1FMNU40S61EB23918		6569569	

BRAKE ADJUSTMENTS

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

VIOLATIONS: No Violations Were Discovered.

HazMat: No HM Transported.

Placard: No **Cargo Tank:**

Special Checks: Local Enforcement

Report Prepared By:
Macomber, L

Badge #:
J526

Copy Received By:

Page 1 of 1

Ken Macomber

[Signature]



WAU001000107