TE-072141

Washington ~~State Patrol~~ UTC

Special Project

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1225451

PERSONNEL NO.	DIST / DET
J540	

LEVEL: 1 ____ 2 ____ 3 ____ 4 ____ 5 X

GENERAL

DATE	TIME (MILITARY) BEGUN	TIME (MILITARY) FINISHED
12 08 07	1035	: :

LOCATION: SR/MP	SCALEHOUSE NO.	CNTY CODE
CLARK COUNTY		06

HAZARDOUS MATERIALS

HAZARD CLASS / DIVISION NO. ____

REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N

PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER

CARRIER NAME (Include DBA when applicable): TYSON GLAWE LLC

ADDRESS: 3036 NW KENT ST

CITY	STATE	ZIP CODE	INTERSTATE	DOT NO.	ICC NO.
CAMAS	WA	98607	YES NO		

DRIVER

DRIVER NAME	LICENSE NO.	STATE	EXP. YEAR

DATE OF BIRTH	MED. CERT. / WAIVER	SHIPPER NAME	SHIPPING NO.
/ /	Y N / Y N		

VEHICLE

REGISTERED OWNER NAME/ADDRESS	G.V.W.	PST RATE
TYSON GLAWE LLC, CAMAS WA	18 PSNGR	

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	BU	07 CAD 1		188WTK	WA
2					
3					
4					

	1	2	3	4	5	6	7	8	9	10	11	12
FRONT	HYD											

VIN/1GYFK6657TR236634

CFR	VIOLATIONS	D	1	2	3	4	Unit #s D/S	Complied

CVSA DECALS UNIT 1	UNIT 2	UNIT 3	UNIT 4	NOIC NO.
7243134				

DRIVER SIGNATURE: [signature]

OFFICER SIGNATURE: [signature]

____ Vehicle may not be operated until O / S defects noted above are repaired.

____ Driver may not drive until in compliance.

3000-150-160 R (2/99)