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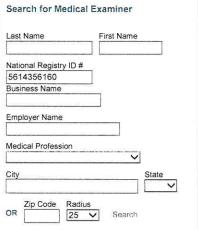
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Jennifer A Grinage Physician Assistant , National Registry #: 5614356160 Certification Date: 8/30/2014

Valley Medical Center Employer: Valley Medical Center 2315 8th Street, Lewiston, ID, 83501 208-746-1393 , Fax; Hours of Operation:

No Website | Email 😂 | Get Directions 😇





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M/C3



### **Driving Record - JURRIBS344NK**

Abstract of Driving Record - Employment
This information is current as of 12/16/2016 12:16:02 PM

**Driver information** 

PIC JURRI-BS-344NK
Name Jurries, Brett Stevan

Gender Male DOB 8/12/1966 Driver license status

 Status
 Clear

 Issued
 5/3/2016

 Expires
 8/12/2018

 Original issue date
 6/16/2004

CDL status

CDL status Clear

Class B - Trucks/Buses over 26,000 GVWR

CDL self-certification Non-excepted interstate

Self-certification date 8/9/2013 Medical certification Certified

**Endorsements/Permits** 

Motorcycle - no maximum, 2 wheel only

**Tickets** Violation Licensing Exempt Veh date Violation # Description Court finding Court name Court type BAC state veh type 3/8/2003 C0087653 Negligent driving - 1st Conviction 5/28/2003 Asotin Co Dist District Reduced degree - reduced from DUI Court I physical control Refused the breath/blood Conviction 5/12/2003 3/8/2003 Wa Dmv Administrative test

				Collisio	ns			
Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case#	Vehicle class	Veh At type fault
12/9/2009	Moving	E035531	2	1 -	0			Com
8/26/2013	Moving	E267118	2	0	0	NAMES OF THE PARTY OF THE PARTY OF	· Mar is the control of the control	

		Drive rec	ord history	1					
Action date	Reason	Action taken	Eligibility date	Release date	Violation date	Violation #	DUI/BAC detail	THC	Licensing state
6/14/2004	Refused the breath/blood test	Reinstated	6/14/2004	6/14/2007					100 mm 2 m
8/11/2003	Refused the breath/blood test	Revoked	6/14/2004	6/14/2007	3/8/2003		.00 .01		
7/8/2003	Refused the breath/blood test	Released	7/8/2003	5/12/2007	3/8/2003			, cocive	
5/12/2003	Refused the breath/blood test	Revoked	5/12/2004	5/12/2007	3/8/2003		.00 .01		

#### CDL medical certification and waiver information

Issue date 8/31/2016
Expiration date 8/31/2017

Examiner name Jennifer Grinage
Examiner telephone 208-746-1383
Medical specialty Physician assistant

License/certification # PA1175 Issuing state Idaho National registry # 5614356160

# **VIOLATION AND REVIEW RECORD**

Driver's Name

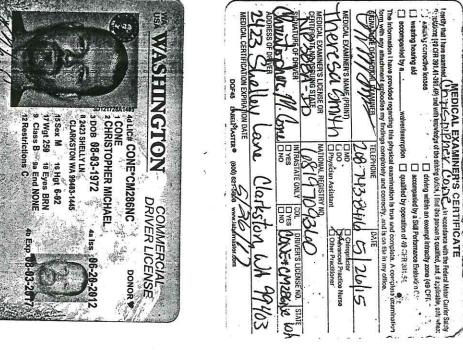
Employee Number

#### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OP	ERATED
Operator's Lice Revoked, Susp				
or Withdrawn)		Date:	Restored:	
license Numbe	r:	State	Date:	
Drive Drive	r's Signature		10 - 27 - 16 Date	480000000000000000000000000000000000000
Sarah Reviewed	Chaylo by: Signature	office	manager Title	Elver research transfer
Motor C	arrier's Name	Section 1	Motor Carrier's	
EVIEW AND	EVALUATION O	F DRIVER'S RE	CORD	
ertinent to the a	bove driver's safet	y of operations, inc	or Carrier Safety Regulations luding the list of violations is wed for the past 12 months.	furnished

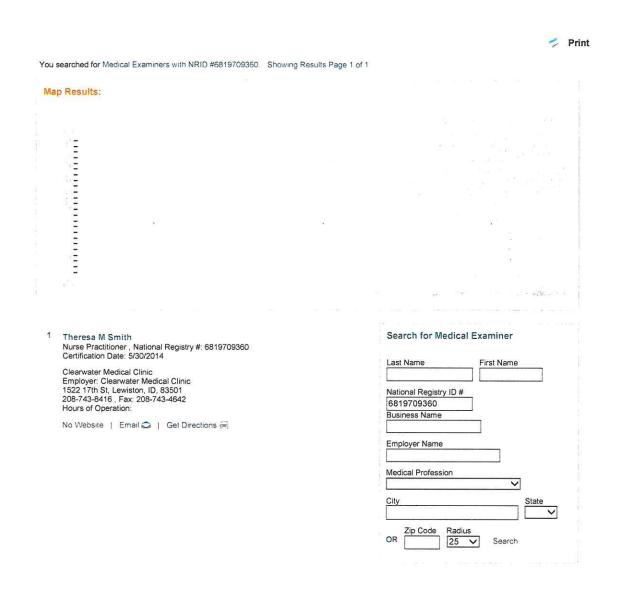
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## VIOLATION AND REVIEW RECORD

Driver's Name

Employee Number

#### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE	OPERATED
				and the second state of th
Operator's Licer (Revoked, Suspe				
or Withdrawn)		Date:	Restored:	
License Number		State	Date:	
			ot been convicted or for violation required to be	
1 /1/6	1	12	1/27/2016	
Driver	's Signature		Date	- Carrier Constitution of Constitution (Constitution Constitution Constitution Constitution Constitution Const
Sarrah (	hallo by: Signature	Offi	ce manager	X 50 Here was a substitute of the K
			2	
Motor C	arrier's Name	(100,000)	Motor Carrier's	A1904
	PRIATE AND CONT.	on priurpio pe	conn	

#### REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/ her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary).

Reviewed by: Signature

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(Form 9 - Rev. 10-2001)





## Driving Record - CONE\*CM286NC

Abstract of Driving Record - Employment This information is current as of 11/8/2016 10:04:51 AM

	Maria Lad	Driver information	
PIC	CONE*-CM-	286NC	the constitute and the fact that the constitution of the constitut
Name	Cone, Christ	opher Michael	
Gender	Male		
DOB	8/3/1972		
Restricti Correc	ons tive Lenses		-

	Driver license status
Status	Clear
Issued	6/20/2012
Expires	8/3/2017
Original issue date	3/30/1995

	CDL status
CDL status	Clear
Class	B - Trucks/Buses over 26,000 GVWR
CDL self-certification	Non-excepted interstate
Self-certification date	6/20/2012
Medical certification	Certified

No violations, convictions, or accidents currently on file for this record.

CDL medical certification and waiver information

ssue date

5/26/2015

**Expiration date** 

5/26/2017

Examiner name

Theresa Smith

Examiner telephone 208-743-8416

Medical specialty

Advanced practice nurse

Issuing state

License/certification# Np388a Idaho

National registry #

6819709360

Comments

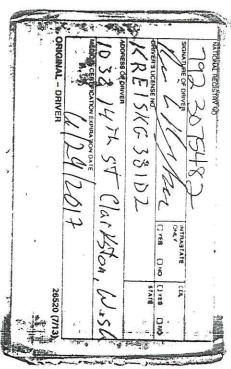
Date

Comment

12/4/1992

Moved out of state to ID1. Returned to WA on 3/30/1995

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wearing hearing aid	accompanied by a Skill Performance Evaluation Commission (SPE)
accompanied by a warver/exemption	☐ qualitied by operation of 49 CFR 391.64
The information I have provided red	perding this physical examination is true and complete. A complete appropriate amount of the physical examination is true and complete.
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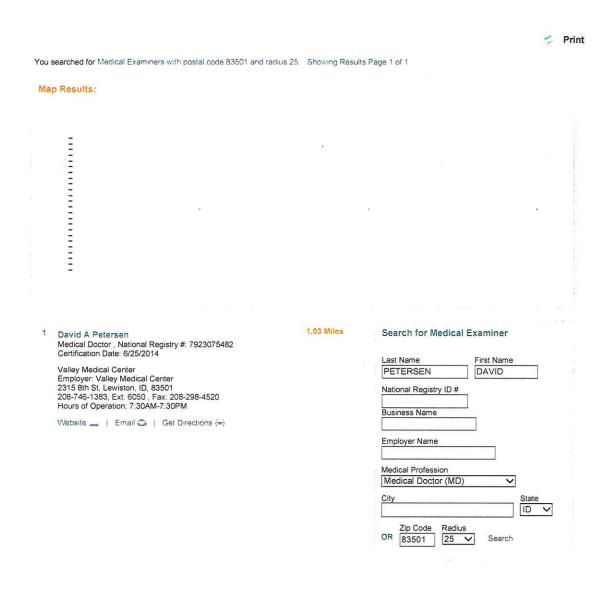
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## VIOLATION AND REVIEW RECORD

Driver's Name

Employee Number

#### CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPER	ATED
				-
Operator's Licen	se.			
(Revoked, Suspe				
or Withdrawn)		Date:	Restored:	
or windami,	prompt side   2.16	i Anto	Television Co.	1 14 15 15 15 15
License Number	**	State	Date:	
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			t been convicted or forfeited be riolation required to be listed.	ond or
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,/	111 2/1			
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Briver	's Signature	<u> </u>	Date 2 / 2016	
Sanah	's Signature	off c	Date  P MODO (10V	
Sarrah	Charlo	office	Date  e manager  Title	
Sarrah	Challo by: Signature	office	t 27 2016 Date  Continue  Continue	
Sarvah Reviewed	Charlo	office	Date  C Manager  Title  Motor Carrier's	

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/ her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are 

Reviewed by: Signature

(Form 9 - Rev. 10-2001)





## **Driving Record - KREISKG381D2**

**Abstract of Driving Record - Employment** This information is current as of 12/16/2016 3:45:27 PM

**Driver information** 

PIC KREIS-KG-381D2

Kreisher, Kevin Gordon

Gender

Name

DOB 3/22/1962

**Driver license status** Status Clear

Issued 4/27/2016 **Expires** 3/22/2022

Original issue date 3/14/2006

**CDL** status

**CDL** status Clear

Class A - Combination vehicles CDL self-certification Non-excepted interstate

Self-certification date 11/14/2012 Medical certification Certified

**Endorsements/Permits** 

Motorcycle - no maximum, 2 wheel only

Liquid bulk/cargo tank allowed Double/triple trailers allowed

M/C3 N

				Collisio	ns			
Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case #	Vehicle class	Veh At type fault
5/14/2012	Moving	E170784	2	1	0			Com

CDL medical certification and waiver information

Issue date

6/29/2015

**Expiration date** 6/29/2017 **Examiner name** 

David Petersen

Examiner telephone 208-746-1383

Medical specialty

Medical doctor

License/certification# M4779

Issuing state

Idaho

National registry #

7923075482