



Form MCSA-5876 (Revised: 12/06/2015) OMB No. 2126-0006 Expiration Date: 8/31/2018

**Public Burden Statement**  
 A review of the information reported on this form is required to support the collection of information for the purposes of the Paperwork Reduction Act unless otherwise indicated. If you are unable to provide the information requested, you should still submit the form. Do not provide false or misleading information. If you are unable to provide the information requested, you should still submit the form. Do not provide false or misleading information. If you are unable to provide the information requested, you should still submit the form. Do not provide false or misleading information.

**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Jurries** First Name: **Brett** In accordance with (please check only one):  
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR  
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses  Accompanied by a  waiver/exemption  Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)  
 Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)  
 Grandfathered from State requirements (State)

**Medical Examiner's Signature** *[Signature]* **Medical Examiner's Telephone Number** **208-746-5883** **Date Certificate Signed** **8/31/2017**

**Medical Examiner's Name (please print or type)** **Jennifer Givrage** **MD**  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_  
**Medical Examiner's State License, Certificate, or Registration Number** **PA1175** **Issuing State** **ID** **National Registry Number** **516435460**

**Driver's Signature** *[Signature]* **Driver's License Number** **JURRIBS344NK** **Issuing State/Province** **WA**  
**Driver's Address** **1705 SWALLOWES** **City:** **CLARKSTON** **State/Province:** **WA** **Zip Code:** **99403** **Yes**  **No**

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ORIGINAL - DRIVER

47377 (Rev 1/16)

Home > Medical Examiner Search Results

 **Print**

You searched for Medical Examiners with NRID #5614356160. Showing Results Page 1 of 1



1 **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](#)

**Search for Medical Examiner**

Last Name  First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City  State

OR  Zip Code  Radius  Search



Driving Record - JURRIBS344NK

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

Driver information		Driver license status	
PIC	JURRI-BS-344NK	Status	Clear
Name	Jurries, Brett Stevan	Issued	5/3/2016
Gender	Male	Expires	8/12/2018
DOB	8/12/1966	Original issue date	6/16/2004
CDL status			
CDL status	Clear		
Class	B - Trucks/Buses over 26,000 GVWR		
CDL self-certification	Non-expected interstate		
Self-certification date	8/9/2013		
Medical certification	Certified		
Endorsements/Permits			
Motorcycle - no maximum, 2 wheel only	M/C3		

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

Collisions										
Accident date	Description	Accident report #	# of vehicles	# of injuries	# of fatalities	Case #	Vehicle class	Veh type	At fault	
12/9/2009	Moving	E035531	2	1	0			Com		
8/26/2013	Moving	E267118	2	0	0					

Drive record history										
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						
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					
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	Examiner name	Jennifer Grinage	License/certification #	PA1175
Expiration date	8/31/2017	Examiner telephone	208-746-1383	Issuing state	Idaho
		Medical specialty	Physician assistant	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 OPERATED

Operator's License: (Revoked, Suspended, or Withdrawn) _____		
Date: _____	Restored: _____	
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

*Britt Turner* \_\_\_\_\_ 10-27-16 \_\_\_\_\_  
 Driver's Signature Date

*Sarah Charles* \_\_\_\_\_ office manager \_\_\_\_\_  
 Reviewed by: Signature Title

\_\_\_\_\_  
 Motor Carrier's Name Motor Carrier's

## 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).

*Sarah Charles* \_\_\_\_\_ om \_\_\_\_\_ 11/8/16 \_\_\_\_\_  
 Reviewed by: Signature Title Date

(Form 9 - Rev. 10-2001)

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Christopher Cone in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties. I find this person is qualified, and, if applicable, not when wearing hearing aid.

wearing hearing aid  accompanied by a waiver/exemption  accompanied by a Skill Performance Evaluator  accompanied by an exempt Intracity zone (49 CFR 391.41-391.49)

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment supplements my findings completely and correctly, and is on file in my office.

Michael J. Conner 208-743-8416 5/26/15  
 MEDICAL EXAMINER'S NAME (PRINT) TELEPHONE DATE

Theresa Smith  MD  Chiropractor  Advanced Practice Nurse  
 DO  Physician Assistant  Other Practitioner

Christopher Cone 0819709360  
 MEDICAL EXAMINER'S LICENSE OR NATIONAL REGISTRY NO.  
 NATIONAL REGISTRY NO. COL. DRIVER'S LICENSE NO. STATE

Christopher Cone WA  
 SIGNATURE OF DRIVER COL. DRIVER'S LICENSE NO. STATE

2423 Shelby Lane Clarkston WA 99403  
 ADDRESS OF DRIVER

5/26/17  
 MEDICAL CERTIFICATION EXPIRATION DATE

DDF-45 Barclay Straze (800) 627-3366 www.ubm.com

USA **WASHINGTON** COMMERCIAL DRIVER LICENSE DONOR



1 CONE  
 2 CHRISTOPHER MICHAEL  
 3 DOB 05-03-1972  
 4 DOB 05-03-1972  
 5 DD CONE CM286NC30121728A1485  
 6 DD CONE CM286NC30121728A1485  
 7 DD CONE CM286NC30121728A1485  
 8 2423 SHELBY LN  
 9 CLARKSTON WA 99403-1445  
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Home > Medical Examiner Search Results

 **Print**

You searched for Medical Examiners with NRID #6819709360. Showing Results Page 1 of 1

**Map Results:**



1 **Theresa M Smith**  
Nurse Practitioner , National Registry #: 6819709360  
Certification Date: 5/30/2014

Clearwater Medical Clinic  
Employer: Clearwater Medical Clinic  
1522 17th St, Lewiston, ID, 83501  
208-743-8416 , Fax: 208-743-4642  
Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

**Search for Medical Examiner**

Last Name  First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City  State

OR Zip Code  Radius  Search



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[National Registry Privacy Act](#)

Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

# 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

Operator's License: (Revoked, Suspended, or Withdrawn) _____		
Date: _____	Restored: _____	_____
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

C. Mike Cove \_\_\_\_\_ 10/27/2016 \_\_\_\_\_  
 Driver's Signature Date

Sarah Challo \_\_\_\_\_ office manager \_\_\_\_\_  
 Reviewed by: Signature Title

\_\_\_\_\_  
 Motor Carrier's Name Motor Carrier's

## 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).

Sarah Challo \_\_\_\_\_ om \_\_\_\_\_ 11/8/16 \_\_\_\_\_  
 Reviewed by: Signature Title Date

(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

Driver information	
PIC	CONE*-CM-286NC
Name	Cone, Christopher Michael
Gender	Male
DOB	8/3/1972
Restrictions Corrective 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			
Issue date	5/26/2015	Examiner name	Theresa Smith
Expiration date	5/26/2017	Examiner telephone	208-743-8416
		Medical specialty	Advanced practice nurse
		License/certification #	Np388a
		Issuing state	Idaho
		National registry #	6819709360

Comments	
Date	Comment
12/4/1992	Moved out of state to ID1. Returned to WA on 3/30/1995



WA USA WASHINGTON COMMERCIAL DRIVER LICENSE DONOR

4 LIC# KREISKG381D2

1 KREISHER  
2 KEVIN GORDON

3 DOB 03-22-1962

4 1632 14TH ST  
CLARKSTON WA 99403-2482

5 Sex M 16 Hgt 5-88  
17 Wgt 188 18 Eyes BLU

9 Class A 9a End 3TN

12 Restrictions NONE

6 Exp 03-22-2012

7 Exp 04-27-2016

8 DD KREISKG381D2230161160A1354



NATIONAL MEDICAL BOARD

792 307 5482

SIGNATURE OF DRIVER *Kevin Kreisher*

DRIVER'S LICENSE NO. KREISKG381D2

ADDRESS OF DRIVER 1038 14TH ST Clarkston, WASH

RENEWAL CERTIFICATION EXPIRATION DATE 6/29/2017

ORIGINAL - DRIVER

26520 (7/13)

ADAPTATIVE ONLY	YES	NO	YES	NO
STATE	YES	NO	YES	NO

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Kevin Kreisher in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the regulations of the driving outlet. I find this person is qualified, and, if applicable, only when:

wearing corrective lenses  driving within an exempt intracity zone (49 CFR 391.62)

wearing hearing aid  accompanied by a Skill Performance Evaluation Certificate (SPE)

accompanied by a \_\_\_\_\_  qualified by operation of 49 CFR 391.84

waiver/rescription


The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>David Peterson</i>	TELEPHONE 208 746 1285
DATE 6/29/15	
MEDICAL EXAMINER'S NAME (PRINT) David Peterson	<input checked="" type="checkbox"/> MD <input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. M4779	<input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse
ISSUING STATE ID	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner

792 307 5482

M4779

Home > Medical Examiner Search Results

 **Print**

You searched for Medical Examiners with postal code 83501 and radius 25. Showing Results Page 1 of 1

**Map Results:**



1 **David A Petersen**  
 Medical Doctor, National Registry #: 7923075482  
 Certification Date: 6/25/2014

Valley Medical Center  
 Employer: Valley Medical Center  
 2315 8th St, Lewiston, ID, 83501  
 208-746-1383, Ext: 6050, Fax: 208-298-4520  
 Hours of Operation: 7:30AM-7:30PM

[Website](#) | [Email](#) | [Get Directions](#)

1.03 Miles

**Search for Medical Examiner**

Last Name	First Name						
<input type="text" value="PETERSEN"/>	<input type="text" value="DAVID"/>						
National Registry ID # <input type="text"/>							
Business Name <input type="text"/>							
Employer Name <input type="text"/>							
Medical Profession <input type="text" value="Medical Doctor (MD)"/>							
City	State <input type="text" value="ID"/>						
OR	<table border="0"> <tr> <td>Zip Code</td> <td>Radius</td> <td>Search</td> </tr> <tr> <td><input type="text" value="83501"/></td> <td><input type="text" value="25"/></td> <td></td> </tr> </table>	Zip Code	Radius	Search	<input type="text" value="83501"/>	<input type="text" value="25"/>	
Zip Code	Radius	Search					
<input type="text" value="83501"/>	<input type="text" value="25"/>						



# 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

Operator's License: (Revoked, Suspended, or Withdrawn) _____		
Date: _____	Restored: _____	
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

Ki L. High \_\_\_\_\_ Oct 27 2016 \_\_\_\_\_  
 Driver's Signature Date

Sarah Charles \_\_\_\_\_ office manager \_\_\_\_\_  
 Reviewed by: Signature Title

\_\_\_\_\_ Motor Carrier's Name \_\_\_\_\_ Motor Carrier's  
 \_\_\_\_\_

### 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).

Sarah Charles \_\_\_\_\_ cm \_\_\_\_\_ 11/8/16 \_\_\_\_\_  
 Reviewed by: Signature Title Date

(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
Name	Kreisher, Kevin Gordon
Gender	Male
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	M/C3
Liquid bulk/cargo tank allowed	N
Double/triple trailers allowed	T

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

CDL medical certification and waiver information			
Issue date	6/29/2015	Examiner name	David Petersen
Expiration date	6/29/2017	Examiner telephone	208-746-1383
		Medical specialty	Medical doctor
		License/certification #	M4779
		Issuing state	Idaho
		National registry #	7923075482